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APPLICANTS

Hong Linh Truong, Richterswil, SWITZERLAND;
 Lucas S. Heusler, Zurich, SWITZERLAND;
 Yann Duponchel, Adliswil, SWITZERLAND;
 Marcel Graf, Kilchberg, SWITZERLAND;
 Beat Liver, Adliswil, SWITZERLAND;

** CONTINUING DATA ***** none *w/p*** FOREIGN APPLICATIONS ***** *w/p*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/12/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>w/p</i> Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
SWITZERLAND	1	10	3

ADDRESS

IBM CORPORATION
 INTELLECTUAL PROPERTY LAW DEPT.
 P.O. BOX 218
 YORKTOWN HEIGHTS , NY 10598

TITLE

Teleconferencing system and method

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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